

COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

February 25, 2005

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM

TANF Transmittal 28

This transmittal contains changes to the Temporary Assistance for Needy Families (TANF) Program. This transmittal is effective April 1, 2005. The revisions are listed below followed by a discussion of the changes by topic:

- Sixty-Month Limit
- Living With a Specified Relative
- Other Income Disregards
- Interim Reporting
- Direct Deposit
- Legally Responsible Individuals
- Minor Corrections
- Forms
- A. <u>Sixty-Month Limit</u> Circumstances allowing the 24-month period of ineligibility to be waived was revised effective 12/04. If a VIEW participant whose case has been closed because of the 24-month time limit becomes disabled or must care for a disabled household member to the extent that it prevents employment, the parent and children in the family may be eligible for TANF benefits even though in the 24-month period of ineligibility. This waiver does not currently apply when a TANF assistance unit has reached the 60-month life-time limit.
- B. <u>Living with a Specified Relative</u> A clarification has been added to Section 201.5, pages 1 3, providing an evaluation process to be used when a child lives with a relative of specified degree for only a part of each month. Local departments of social services must evaluate both presence in the home and responsibility for care and control of the child while in the home. This information was first issued December 29, 2004 in Broadcast number 2971.
- C. Other Income Disregards Policy at 305.4, page 24b has been revised to disregard extra pay received because of deployment in a combat zone. This change is authorized by the Consolidated Appropriations Act of 2005 (P.L. 108-447) and is retroactive to October 1, 2004.

- D. <u>Interim Reporting</u> Reference to the automatic closure of cases in ADAPT when assistance units fail to submit the Interim Report or required verification has been added to Section 401.3, page 6c. The closure of cases will occur at the end of the seventh month unless the worker takes action to reinstate the case earlier. This means that the worker must leave a case suspended through the seventh month.
- E. <u>Direct Deposit</u> An additional payment method has been added to Section 502.3. TANF recipients may elect to have their TANF benefits automatically posted to their bank account.

The Heading "Multiple Checks" has been removed from the Table of Contents, Section 500 Table of Contents, and Section 502.5.

Section 502.5. D. states that TANF benefits will be posted to the bank account of TANF recipients who have opted for direct deposit. TANF benefits will be electronically posted to the client's bank account on the first of each month. The direct deposit will continue until the client notifies the agency in writing to discontinue this method, the TANF case closes, or the client makes changes to the bank account which causes the direct deposit to fail

Section 500, Appendix I, has been revised to include the process to issue TANF benefits when the client has opted for the direct deposit payment method. The Appendix also outlines the processes to change direct deposit information, reissue benefits when the direct deposit did not posted, and to cancel the direct deposit option.

A definition for Direct Deposit has been added to the glossary of Section 500, page 1, resulting in renumbering of the glossary items.

Direct deposit has been added to the Index on page 4.

- F. <u>Legally Responsible Individuals</u> Policy has been updated to remove the requirement that a person be "legally responsible" for caring for a household member. The change was made to Section 901.2.F, Section 901.11 901.12, and Chapter 1000, pages 2 and 24.
- G. <u>Minor Corrections</u> Corrections were made to the following pages:
 - Chapter 1000, page 7: The numbering under item 6 was corrected.
 - Chapter 1000, page 18: The punctuation was corrected.
- H. **Forms** The form, VIEW Assessment I (032-02-303/2) has been revised to allow VIEW participants to include an email address. This form will be posted on the TANF Forms web site.

The Notice of Intentional Program Violation and the TANF 24-Month Advance Notice of Proposed Action were updated in Transmittal 27 and are now being included in the manual. The revisions to the forms were:

- Notice of Intentional Program Violation (IPV) (032-03-721/7) A statement has been added advising the client to notify his worker if he has a disability or limited ability to speak and understand English and needs to have special arrangements made to attend or present his case at the IPV hearing. This form has been posted on the TANF Forms web site.
- TANF 24-Month Advance Notice of Proposed Action (032-03-368/2). This form, which explains the hardship exception eligibility criteria, has been revised to clarify the requirements for persons with disabilities or who are caring for a disabled household member. The verbiage on sanctions has also been clarified to more closely align with policy. This form has been posted on the TANF Forms web site.

Runover pages: Section 502.6, page 5a, and 901.2, page 2a.

The transmittal pages are to be incorporated into the TANF Manual as follows:

Table of Contents, page 6, dated 4 05 (1 sheet), to replace Table of Contents, page 6, dated 7/04 (1 sheet).

Section 201.1, page 3a, dated 4/05 (1 sheet), to replace Section 201.1, page 3a, dated 7/03 (1 sheet).

Sections 201.4 - 201.5, pages 1 - 2a, dated 4/05 (3 sheets), to replace Sections 201.4 - 201.5, pages 1 - 2, dated 7/04 (2 sheets).

Section 305.4, page 24b, dated 4/05 (1 sheet), to replace Section 305.4, page 24b, dated 10/04 (1 sheet).

Section 401.3, page 6c, dated 4/05 (1 sheet), to replace Section 401.3, page 6c, dated 7/04 (1 sheet).

Section 500, Table of Contents, page 1, dated 4/05 (1 sheet), to replace Table of Contents, page 1, dated 7/04 (1 sheet).

Sections 502.3 - 502.4, page 4, dated 4/05 (1 sheet), to replace Sections 502.3 - 502.4, page 4, dated 10/00 (1 sheet).

Section 502.5, pages 5 - 5a, dated 4/05 (2 sheets), to replace Section 502.5, pages 5 - 5a, dated 7/04 (2 sheets).

Section 500, Appendix I, pages 1 and 2, dated 4/05 (2 sheets), to replace Section 500, Appendix I, pages 1 and 2, dated 6/01 (2 sheets).

Section 500, Appendix I, pages 10 - 12, dated 4/05 (3 sheets), to replace Section 500, Appendix I, page 10, dated 6/01 (1 sheet).

Section 901.2, pages 2 and 2a, dated 4/05 (2 sheets), to replace Section 901.2, pages 2 and 2a, dated 12/04 (2 sheets).

Sections 901.11 - 901.12, page 10, dated 4/05 (1 sheet), to replace Sections 901.11 - 901.12, page 10, dated 12/04 (1 sheet).

Chapter 1000, page 2, dated 4/05 (1 sheet), to replace Chapter 1000, page 2, dated 12/04 (1 sheet).

Chapter 1000, page 7, dated 4/05 (1 sheet), to replace Chapter 1000, page 7, dated 12/04 (1 sheet).

Chapter 1000, page 18, dated 4/05 (1 sheet), to replace Chapter 1000, page 18, dated 12/04 (1 sheet).

Chapter 1000, page 24, dated 4/05 (1 sheet), to replace Chapter 1000, page 24, dated 12/04 (1 sheet).

Chapter 1000, Appendix A, Table of Contents, page 1, dated 4/05 (1 sheet), to replace Chapter 1000, Appendix A, Table of Contents, page 1, dated 12/04.

Chapter 1000, Appendix A, page 9, dated 4/05 (1 sheet), to replace Appendix A, page 9, dated 7/03 (1 sheet).

Chapter 1000, Appendix A, pages 36 - 37, dated 4/05 (2 sheets), to replace Chapter 1000, Appendix A, page 36, dated 12/04 (1 sheet).

Chapter 1000, Appendix A, pages 38 – 40, dated 4/05, dated 4/05 (3 sheets).

Chapter 1000, Appendix A, page 41, dated 4/05 (1 sheet).

Index, Page 4, dated 4/05 (1 sheet), to replace Index, Page 4, dated 4/03 (1 sheet).

S. Duke Storen, Director Division of Benefit Programs

S. Juke Stren

Attachment

TANF MANUAL	4/05	Page 6
-------------	------	--------

Period Covered by Payment In the Regular TANF Program In TANF-UP In Emergency Assistance Method of Payment Designated Payee Money Payments Vendor Payments Issuance of Payment Issuance Date Mailing of Checks Direct Deposit Emergency Payments	502.2 A. 502.2 B. 502.2 C. 502.3 502.4 A. 502.4 B. 502.5 B. 502.5 B. 502.5 D.
Intrastate Transfers Transferring the Case Transferring Agency Responsibility Receiving Agency Responsibility Transfer Between Loudoun County DSS and	502.6 502.6 A. 502.6 B. 502.6 C.
other Local Agencies Handling of Appeals Medicaid Coverage Situations Affecting the Transfer Process	502.6 D. 502.6 E. 502.6 F. 502.6 G.
Protective and Vendor Payments Need for Protective and Vendor Payments Procedures for Making Protective or Vendor Payments Provision of Services Periodic Review of Need for Protective or Vendor Payments Termination of Protective and Vendor Payments Right of Appeal Safeguarding Information	502.7 502.7 A. 502.7 B. 502.7 C. 502.7 D. 502.7 E. 502.7 F. 502.7 G.
Definition of Improper Payment Statutory Provisions for Refund of Overpayments and	503.1
Payments to Ineligibles Period Subject to Repayment Computation of Repayment Repayment Procedures Waiver of Certain Overpayments Overpayments Less than \$35 Overpayments of \$35 or More Retention of Information Intentional Program Violations (IPV)	503.2 503.3 503.4 503.5 503.6 503.6 A. 503.6 B. 503.6 C. 503.6 D.
Calculating Overpayments Determination of Continued Eligibility Determination of When the Overpayment Began	503.7 503.7 A. 503.7 B.
Impact on Earned Income Disregards When Calculating Overpayments Support Related Overpayments Income Related Overpayments Overpayments Not Related to Income Overpayments Resulting from Incorrect Composition	503.7 C. 503.7 D. 503.7 E. 503.7 F.
Overpayments Resulting from Incorrect Composition Of the Assistance Unit Support Collected Localities Meeting 100% of Need	503.7 G. 503.7 H. 503.7 I.

- Page 3a
- E. An individual convicted in state or federal court of a felony offense for possession, use, or distribution of a controlled substance is ineligible to receive TANF. The applicant must state, in writing, whether he or any other required member of the assistance unit has been convicted of such a crime. This restriction shall not apply if the conviction is for conduct occurring on or before August 22, 1996.*
- F. An individual is ineligible if he is:
 - 1. fleeing to avoid prosecution or custody for a felony under the laws of the place from which the individual flees; (Note: To be considered "fleeing" an individual must have knowledge of an outstanding warrant. An individual must have an opportunity to document that he has fulfilled the requirements of the warrant) or
 - 2. fleeing to avoid confinement after conviction for a felony under the laws of the place from which the individual flees; or
 - 3. in violation of a condition of probation or parole imposed under federal or state law.*
- G. SIXTY (60) MONTH LIMIT ON RECEIPT OF TANF An assistance unit that includes an adult who has received 60 months of assistance under TANF as defined below, is not eligible for assistance.* "An assistance unit that includes an adult" means an assistance unit where the adult's needs are included in the grant or a case where the adult's needs are not included in the grant but the adult is required to participate in VIEW. (See 901.2.) The 60 months of TANF eligibility is an accumulated period of time.

An assistance unit in which a parent becomes disabled after receipt of 60 months of TANF is not eligible for TANF.

A month in which an individual received TANF benefits in another state counts toward the 60-month limit. If an applicant states on the application for TANF benefits that he received assistance in another state, the eligibility worker must verify any TANF months to be counted by contacting the appropriate state and recording those months in the ADAPT system. Note: The effective date for TANF implementation will vary from state to state. When contacting other states to verify the number of months already accrued, the worker should request the number of months counted by that state toward the 60-month limit. If contacted by another state, the worker should provide the number of months countable under Virginia's TANF program since February 1, 1997. The following website identifies each state's contact person: http://dpaweb.hss.state.ak.us/training/map/mapHTML.htm.

The following months of receipt of TANF in Virginia do not count toward the 60 month limit:

- Months in which no time is accrued on the assistance unit's VIEW clock, including months that a client is in inactive status on the first of the month;
- 2) Months of receipt of Aid to Families with Dependent Children (AFDC). Thus, months of financial assistance received in Virginia prior to February 1, 1997 do not count;
- Any months that an individual receives assistance as a minor child (not a caretaker);

201.4 DEPRIVATION OF PARENTAL SUPPORT OR CARE - Repealed effective July 1, 1999.

201.5 LIVING ARRANGEMENTS - The child must be living with a parent or other specified relative (Subsection A., below) in a residence maintained as a home (Subsection B., below) by one or more such relatives. For TANF-UP, both natural or adoptive parents of at least one child must be living in the home. (Refer to 701.2.)

Exception: Under certain prescribed conditions, an otherwise eligible child may receive TANF while in foster care, as provided in the Title IV-E Eligibility Manual and Subsection B., below, such as during a trial visit.

A. <u>Specified Relatives</u> - The relative with whom the child is living, who is designated as the caretaker, must be a relative by blood, marriage, or adoption. Relationships by marriage exist even after the marriage has been terminated by death or divorce.

Neither severance of parental rights nor adoption is considered to terminate the relationship to biological relatives. Therefore, biological relatives may receive assistance for someone who has been adopted, when there is no other relative by adoption in the home to receive assistance on the individual's behalf. However, this provision does not require individuals who have been adopted to be included in the assistance unit of the biological relative and his/her children.

Example 1: Jane Doe had two children who were adopted by Jane's parents. Jane's parents died leaving their adopted children in the care of Jane. Jane is considered a biological relative for TANF purposes and can receive assistance for the two children, however, they are not to be included in the same assistance unit as any other children Jane may have since she has no legal responsibility for these children.

Example 2: Mary Smith's child, Michael, was adopted by a family friend. When Michael's adoptive parent died, there was no other relative to care for him. Michael went to live with Mary. Since Mary and Michael are biologically related, she can receive assistance for him. However, Michael is not to be included in the same assistance unit as any other children Mary may have.

Documentation of how each child is related to the caretaker must be secured for each relationship that links the child to the caretaker, using methods in Procedures Section I D.1.

- Page 2
- B. <u>Living in a Home</u>* A home is the family setting maintained or in the process of being established by the specified relative, as evidenced by the presence of the child. A home exists even though the child or relative is temporarily absent from the customary family setting. The relative may be absent for reasons such as hospitalization, education or training, a vacation, or a visit. A parent that is absent from the home due to active duty in the uniformed services is considered living in the home. The child may be absent as long as the absence does not exceed 60 consecutive days, unless good cause exists. Additionally, a home may exist in situations where the assistance unit lacks a fixed home address or is otherwise considered homeless.
 - 1. A child that has been, or is expected by the caretaker to be, absent from the home for a period of 60 consecutive days is ineligible for TANF. Exception: If the child is absent for longer than 60 consecutive days, the child may retain eligibility if good cause for the absence exists, such as hospitalization, education or training, a vacation, or a visit.

Note: The child can be eligible in another assistance unit.

- 2. The caretaker must report to the local agency after it becomes clear to the caretaker that the minor child will be absent from the home for 60 consecutive days. (Refer to Section 401.2.B.2.a.3.)
- 3. If the caretaker fails to report the change within the required time frame as described above, the caretaker is ineligible. The caretaker will remain ineligible until the child returns to the home or there is a break in assistance.
- C. Living with a Specified Relative for a Part of Each Month Examples of this include joint custody situations in which the child is with the TANF applicant/recipient one night a week, weekends only, every other week, informal arrangements made by the child's parents, or a vacation or visit to the applicant/recipient's home. The "living with" evaluation requires an evaluation of both presence in the home and responsibility for care and control of the child while in the home.

The "living with" determination is made by the local department of social services (LDSS) on a case-by-case basis using information obtained from individuals outside the home:

- about the child's entry into the client's home;
- extent of responsibilities the applicant/recipient will exercise while the child is in the home; and
- the applicant/recipient's responsibility to maintain a home and meet the basic day-to-day needs of the child should be included in the evaluation.

The number of days per month the child will be in the home is not, by itself, a determinant of the "living with" status. Because each situation is different, TANF policy does not require the child to be in the home for a set number of days per month to be eligible. However, the number of days the child is in the home is a factor to be considered in reaching a final decision.

Individuals who should be contacted to determine the living arrangements and responsibilities of the applicant/recipient for the child include, but are not limited to:

- The parent or other individual with whom the child previously resided, or in the case of shared custody, the alternate parent or caretaker with whom the child will reside during the portion of the month the child is not in the client's home;
- Other individuals, such as family members or friends, who are knowledgeable of the child's circumstances; and
- Other agencies or entities, such as the school the child attends or will attend, the child's day care provider, physician, service provider, or other individual who knows the family or maintains information identifying emergency contact persons.

The evaluation should also include an evaluation of the applicant/recipient's authority to act in emergencies, e.g., a medical emergency. In situations where the parents have joint custody, the agency should examine the court order to better understand the responsibilities of each parent. The "living with" evaluation is also important because of the impact it can have on the parent who will be obligated to repay the debt to the state for assistance received by the assistance unit.

The LDSS should apply the "prudent person rule" (i.e, the worker must determine what is reasonable based on experience, knowledge of the program, logic.) in reaching a decision. Not all situations where the child is in the home for a portion of the month will meet the "living with" requirement. The worker must document the case record as to his findings and the decision made to include or exclude the child from the assistance unit. It is very important that the LDSS complete a thorough evaluation of the circumstances of the change in the child's residence and the caretaker's responsibility for the child. The decision made by the LDSS will be subject to review if a fair hearing is requested.

32. All bona fide loans, regardless of the intended use.* This includes loans obtained for any purpose, and may be from a private individual as well as from a commercial institution. A simple statement signed by both parties indicating that the payment is a loan and must be repaid is sufficient to verify that a loan is bona fide. If the customer indicates that money received was a loan but does not provide required verification, the money is to be treated as unearned income in the month received. Interest earned on the proceeds of a loan while held in a savings account, checking account, or other financial instrument will be counted as unearned income in the month received.

- 33. Income, including support, received by or on behalf of a child ineligible for TANF due to the family cap provision.**
- 34. Payments received by victims of Nazi persecution under Public Law 103-286
- 35. Matching contributions deposited in an individual development account (IDA) or on the applicant/recipient's behalf in a parallel account maintained by the organization administering the IDA program.
- 36. Income received by children who are in a VIEW period of ineligibility.
- 37. Interest income of less than an average of \$10 per month.
- 38. TANF Match Payments issued to TANF recipients based on current support collected by the Division of Child Support Enforcement.
- 39. Any veteran benefits received by children born with spinal bifida, who are natural children of individuals who served in Vietnam during the period beginning January 9, 1962, and ending on May 7, 1975.
- 40. Payments received from the Ricky Ray Hemophilia Relief Fund established under Public Law 105-369.
- 41. Allowances, earnings, and payments to individuals participating in programs under Title I of the Workforce Investment Act (WIA).***
- 42. Any amount received by or made available to household members for deployment or service in a combat zone will not count as income for TANF purposes unless the payment was received before the deployment. This exclusion includes items such as, but not limited to, incentive pay for hazardous duty, special pay for imminent duty or hostile fire duty or certain reenlistment bonuses, or special pay for certain occupational or educational skills.
- B. Income From Social Security and Other Benefits Monthly benefits received or anticipated to be received by members of the assistance unit, or individuals required to be in the assistance unit, must be counted as income, with the following exceptions:
 - When a member of the assistance unit is eligible for benefits (such as but not limited to, RR Retirement, private corporation retirement,

^{* 45} CFR 233.20(a)(3)(xxi)

^{**} Code of Virginia, Section 63.2-604

^{*** 20} CFR 667.272 (c)

assistance unit of the benefit calculation.

second half of the renewal period and act to reinstate the case in ADAPT after the evaluation of the Interim Report. The agency must provide an adequate notice to notify the

3. Interim Report Not Returned or Returned Incomplete - If the assistance unit fails to return the Interim Report or the follow-up Interim Report or if the assistance unit fails to provide needed verifications and the original Interim Report returned for completion, ADAPT will automatically close the case at the end of the seventh month if the EW has taken no other action on the case. In order for the automatic closure to occur, the EW must leave the case suspended for the seventh month. The agency does not need to send either an advance or an adequate notice when the assistance unit fails to submit a completed Interim Report or fails to take required actions or to supply requested verifications.

Automatic Closure Example:

A TANF case is approved and assigned a certification period of December 2004 through November 2005. An Interim Report is mailed on or about the $20^{\rm th}$ of April. ADAPT will

- ① Suspend the TANF payment effective June 1st
- ② Close the case effective June 30th, if the worker does not update the system based on information received on the Interim Report.
- 4. Verification Requirements In order to determine eligibility for the second half of the renewal period, the assistance unit must supply verification of eligibility factors. The unit must provide the following:
 - a. Proof of changed earned or unearned income amounts or source;
 - b. Proof of a change in the assistance unit members; and
 - c. Proof of other elements. The assistance unit may need to verify other eligibility elements reported on the Interim Report as needed.

Note: The assistance unit does not need to submit verification of self-employment or contract income that has been averaged.

TABLE OF CONTENTS

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) POLICY MANUAL

Chapter 500 - Authorization and Payment

Amount of Payment In the Regular TANF Program In Emergency Assistance to Needy Families with Children	502.1 502.1 A. 502.1 B.
Period Covered by Payment In the Regular TANF Program In TANF-UP In Emergency Assistance Method of Payment Designated Payee Money Payments Vendor Payments Issuance of Payment Issuance Date Mailing of Checks Direct Deposit Emergency Payments	502.2 A. 502.2 B. 502.2 C. 502.3 502.4 A. 502.4 B. 502.5 B. 502.5 B. 502.5 D.
Intrastate Transfers Transferring the Case Transferring Agency Responsibility Receiving Agency Responsibility Transfer Between Loudoun County DSS and other Local Agencies Handling of Appeals Medicaid Coverage Situations Affecting the Transfer Process	502.6 A. 502.6 B. 502.6 C. 502.6 D. 502.6 E. 502.6 F. 502.6 G.
Protective and Vendor Payments Need for Protective and Vendor Payments Procedures for Making Protective or Vendor Payments Provision of Services Periodic Review of Need for Protective or Vendor Payments Termination of Protective and Vendor Payments Right of Appeal Safeguarding Information	502.7 502.7 A. 502.7 B. 502.7 C. 502.7 D. 502.7 E. 502.7 F. 502.7 G.
Definition of Improper Payment Statutory Provisions for Refund of Overpayments and Payments to Ineligibles Period Subject to Repayment Computation of Repayment Repayment Procedures Waiver of Certain Overpayments Overpayments Less than \$35 Overpayments of \$35 or More Retention of Information Intentional Program Violations (IPV)	503.1 503.2 503.3 503.4 503.5 503.6 503.6 A. 503.6 B. 503.6 C. 503.6 D.

502.3 METHOD OF PAYMENT - Financial assistance under the TANF program **is** made available to eligible recipients in the form of a <u>money payment</u> in cash or check or **direct deposit**, with no restrictions imposed by the agency on the use of funds by the individual.

The following exceptions are permitted:

- A. <u>In TANF</u>, a "protective" vendor payment may be made under conditions specified in Section 502.7.
- B. <u>In TANF</u>, payment may be made for day care by vendor service payment under conditions specified in Section 403.7.
- C. <u>In Emergency Assistance</u>, payment may be made either as a money payment to the recipient or by the vendor method to the provider of goods or services,* whichever is more practicable and advantageous to the family, <u>except that</u> the State Board has ruled that payment for purchase, repair, moving or storage of household equipment must be made by the vendor method.

502.4 DESIGNATED PAYEE - The persons who may be designated as payee are as follows:

A. Money Payment

- 1. The <u>grantee-relative</u> with whom the eligible child(ren) is living. The grantee-relative is ordinarily the caretaker, but may be other than the caretaker in some situations. Examples:
 - a. A child's father receives SSI and is the grantee-relative for the TANF payment which includes the mother as needy caretaker;
 - b. A 16 year old mother is the caretaker in an TANF grant, but her mother, with whom she lives, is the grantee-relative; such a grantee-relative, if needy, may be included in the assistance unit (see Section 302.7.A.).
 - c. An assistance unit consists of a 22 year old parent and her children. However, a specified relative also residing in the home is exercising primary responsibility for care and control of the children and, therefore, is the grantee-relative.
- 2. The <u>legal representative</u> of the grantee-relative, if one has been appointed and has qualified.
- 3. The protective payee, under conditions specified in Section 502.7.

- Page 5
- B. Mailing of Checks All checks, including the initial money payment, are to be mailed via the United States Postal Service, unless the recipient has a justifiable reason for calling in person at the office for the check or for asking that the check be delivered directly to him at his place of residence. Such reasons should be stated by the recipient in writing and his signed and dated written request should be filed in the case record. A receipt should be secured for any checks delivered personally in the office or in the home. Proper identification should be requested if there is any doubt as to the identity of the recipient.
- C. <u>Direct Deposit</u> The process by which TANF benefits are electronically posted to a client's bank account. Direct deposit will continue until:
 - The client provides a written request to stop the direct deposit,
 - The TANF case closes,
 - The client makes changes to the bank account which causes the direct deposit not to post, or
 - The client's circumstances change, such as an emergency payee is attached to the case.

The client must be provided the Direct Deposit Enrollment Authorization form (032-03-672) if he requests direct deposit. The form is available at http://localagency.dss.state.va.us/divisions/bp/tanf/forms.cgi. To set up a direct deposit, cancel direct deposit, or if the direct deposit does not post to the client's bank account, see Section 500, Appendix 1, Check Handling Procedures.

- D. <u>Emergency Payments</u> Emergency payments shall be issued by local boards in emergency situations or in the event of delay or error in a State issuance of checks for payments of assistance.* The State agency is to reimburse the local board for such payments. In emergency situations which result from lost or stolen checks, the State Department shall assume liability for losses incurred by local boards due to fraudulent acts by recipients provided, however, the local agency referred the case to the Commonwealth Attorney and the decision to prosecute or not has been made by the Commonwealth Attorney. Emergency payments must be issued in these two situations:
 - 1. In the event of lost or stolen checks, a replacement check must not be issued until after the fourth mail delivery. The State Department of Social Services and the local agency must ensure that no undue delays occur in issuing replacement checks. A replacement check must be issued upon receipt of notification that the stop payment process has been completed. This includes receipt of three notarized affidavits by the State Department of Social Services Fiscal Processing Unit. Refer to Appendix I to Chapter 500 for detailed check handling procedures. The Affidavit on Check Endorsement (032-06-118) is available at http://localagency.dss.state.va.us/divisions/bp/tanf/forms.cgi.
 - 2. Once the application has been approved for payment, an emergency payment will be issued to a client who is in dire need at the time of initial application.

3. When issuing a Full Employment Program (FEP) stipend or bonus payment, the replacement check must be a State-issued check. Do not issue a FEP replacement check from local funds, as no process exists to reimburse the locality.

502.6 INTRASTATE TRANSFERS -

A. Transferring the Case

When a recipient of TANF or TANF-UP moves from one locality to live in another within the state and there is no other change in his circumstances which would render him ineligible, he is entitled to receive assistance without a break. To assure the continuation of assistance without interruption, the following procedure must be used.

- 1. If the move is the result of the family seeking temporary shelter/housing in another locality within the State of Virginia and the family intends to return to the original locality, the original locality may, at its option, keep the case for up to two payment months. If the family has not returned to the original locality after the second payment has been issued, the case must be transferred in accordance with the procedures outlined below. In making a determination as to whether the original locality should keep the case, the agency should work with the unit and consider the distance of the move and any hardships that would be encountered by the unit in reporting changes, etc. and whether the unit is residing in a different locality grouping. If the case is retained by the original locality, the payment will be based on the payment level of the original locality.
- 2. If the move is permanent (i.e., the assistance unit does not intend to return to the original locality or if the agency determines that the case should be transferred during a temporary move), the locality from which the recipient has moved (the transferring locality) must, within five working days of notification, complete a desk review and forward the eligibility case record along with a Case Record Transfer Form (032-03-227) to the receiving locality if the case continues to be eligible. The case record must contain all verification and other documentation substantiating eligibility. The transferring locality must forward the entire case file to the receiving locality. If the transferring locality wishes to maintain a part, or all of the case file, they must copy the portion that they wish to keep, and forward all of the original case file contents to the receiving locality.

The eligibility case record must be sent by certified mail, or by a courier service which is under contract with the Department of Social Services, or delivered personally, to the receiving locality and a receipt must be obtained.

Note: If the transferring and receiving agency both use an electronic case record system, the transferring agency may send a compact disk of the case information if that is acceptable to the receiving agency.

If the receiving agency does not use an electronic case record system, the transferring agency must print the case information and send the documents to the receiving agency.

4/05 APPENDIX I

CHECK HANDLING INFORMATION AND PROCEDURES

This appendix explains check handling procedures for cancellation or re-issuance of returned checks, replacement of lost/stolen or mutilated checks, reimbursement of localities for locally issued checks, mailing checks when a direct deposit did not post to client's account and obtaining a copy of a cashed check. Note: The ADAPT transactions below indicate how to complete fields related to check handling procedures. Routine procedures for completing screens and transmitting to view the next screen have been omitted.

A. Glossary

- 1. ADAPT The Application Benefit Delivery Automation Project.
- 2. Direct Deposit The process by which TANF benefits are electronically posted to a client's bank account.
- 3. Cancelled Check A cashable check that is returned to the State and redeposited in a State account. A check cannot be cancelled if it cannot be cashed, i.e., if there is a stop payment against the check, if the check has already been cashed or if the check is mutilated. When a check is cancelled, any recoupment is null.
- 4. EW The eligibility worker or other local department of social services staff with check handling responsibility.
- 5. Forgery A payee states that the signature on the back of a State check is not hers/his. The account of the first casher is debited, and the money is deposited into a special State account.
- 6. FPU Fiscal Processing Unit. The FPU is the unit within the State Department of Social Services, Division of Finance, that processes returned/undelivered checks, lost/stolen checks, cancelled, and mutilated TANF checks.
- 7. Fraud The payee signs affidavits stating she/he did not cash the State check, but the payee has cashed or cashes the check or receives benefit of the check. The local agency must get local money back from the payee if any was given to the payee.
- 8. LASER The Locality Automated System for Expenditure Reimbursement.
- 9. LDSS The local department of social services.
- Mutilated Check A check is mutilated if it cannot be cashed, i.e., the magnetic ink has been torn, the amount or payee has been tampered with, or if 1/2 of the check cannot be recovered. If less than 1/2 of the check can be recovered, Stop Payment procedures must be followed.
- 11. Payment History A history in ADAPT of the payments received by a

- 12. Replacement Check A local or State check that is written to the payee to replace a State check that is mutilated or has a stop payment placed against it. The local agency that wrote the original check is the only local agency that can write such a check.
- 13. Specific Payment Inquiry Information specific to an individual payment on the Payment History.
- 14. Stop Payment An action placed against a check so that it will not be honored, i.e., in the case of a lost/stolen or mutilated check. The check is stopped, not the payment to the client. Recoupment is not affected. A local or State check generated through ADAPT should be issued to the payee.
- 15. VACIS The Virginia Client Information System (VACIS) accessed by FPU to send and receive check status information. Codes entered into VACIS by FPU are communicated to the ADAPT check handling screens.
- B. TANF Checks Schedules and Mailing Information
 - 1. Mailing State-generated TANF checks are mailed by the State Treasurer's Office. The check date is the mailing date.
 - 2. Monthly Cycle Ongoing State-generated TANF checks to be issued/mailed on the first of each month.
 - 3. Daily Cycle Initial and supplemental checks generated by the State.
- C. Undelivered Check Procedures
 - 1. Check Returned to VDSS by the Post Office

Responsible

<u>Party</u>

<u>Action</u>

- FPU
- As soon as a check is returned to VDSS, FPU updates the VACIS check status screen to flag the check with a "U" code (Undelivered).
- This updates the Public Assistance Payment History (CHPAH1) screen in ADAPT, notifying the EW that the check has been returned to the State and places an entry on the PA Check Actions Required Inquiry screen of the LDSS. To view, sign on to VACIS and enter the parameter string "PAACTQ."
- Note: If action is not taken by the locality within 10 calendar days from the handling date shown on CHPAH1, the check will automatically be cancelled by FPU with a CA1 code.

J. How to request a copy of a cashed check

Responsible

Party

Action

LDSS

- The LDSS sends a written request for a copy of a cashed check to the FPU. The letter must include the payee name and address, case number, warrant number, date of check and amount or send a printed copy of the payment history.
- Note on the request if a certified copy is needed for court and include the court date.

FPU

 Upon receipt of the request, the FPU will send a copy of the check to the LDSS.

K. How to Process a Direct Deposit Request

Responsible

<u>Party</u>

<u>Action</u>

Client

- The client must provide a completed and signed Direct Deposit Enrollment Authorization Form (#032-03-672) and a voided check or deposit slip.
- The client is to complete Section 1 of the form. Section 2 must be completed by the bank if the client does not have a voided check or deposit slip.

Eligibility Worker

- The case must be in the Ongoing mode. The case name must be on the bank account. The bank account can be a checking or savings account.
- From the ADAPT Main Menu the Eligibility Worker will select Option 4, Case Utilities Menu (CUMENU). Transmit.
- Select Option 12, TANF Direct Deposit Information. Enter the ADAPT case number. Enter "U" (Update) in Access. Transmit.
- On the Case Utilities Direct Deposit (CUDDEP) screen, enter the Institution Name. The account name is pre-filled with the case name. Enter the Account Type, "c" (checking) or "s" (savings).
- Enter the Bank Routing number, which is found at the bottom left side of the voided check, the deposit slip, or Section 2 of the Direct Deposit Enrollment Authorization form (032-03-672). Enter "vr" beside "V" for Verification.

- Enter the bank Account Number. This is the second set of numbers at the bottom of the check to the right of the routing number or in Section 2 of the Enrollment form. Enter "vr" beside "V" for verification. The account number is separated from the routing number by a colon. Transmit.
- A pop up box will ask, "Do you want to print the letter?" This is the pre-note letter that is sent to the client informing the client that the request for direct deposit has been processed and instructing the client to check the account number and routing number to make sure the information is correct. If the information is not correct the client is to contact her Eligibility Worker.
- The worker will enter "y" to print the letter. Transmit.
- The direct deposit request is put into Pending status. Allow seven days for the direct deposit information to be verified with the client's bank. Once the information is verified as correct the direct deposit screen will become Active. The direct deposit Active Status communicates to ADAPT that this case is direct deposit.

L. <u>Procedures to reissue benefits that did not electronically post (direct deposit) to client's bank account.</u>

Responsible

Party

<u>Action</u>

FPU

 As soon as a direct deposit is returned to VDSS, FPU updates the ADAPT check status screen to flag the direct deposit with CD1 (Cancel Direct Deposit).

ADAPT

ADAPT automatically updates the Public Assistance Payment History screen (CHSPHS) with information that the direct deposit returned to the state and places the entry on the worker's Action Due List Inquiry screen.

Eligibility Worker

The EW must check the Local Action Due Inquiry Listing during the first five days of the month, and check the listing when a client reports her TANF benefit is not in her account. A direct deposit that did not post will be on the list with the code (CD1) Cancel Direct Deposit. The worker must take action to mail a check to all clients listed. To access the Local Agency Action Due Inquiry List, select option 8 from the ADAPT Main Menu. Transmit. Select option 8 Check Handling Action Due List. Transmit.

The EW is to mail the client the Direct Deposit Closed Account/Incorrect Information letter (032-03-674). This letter is sent to the agency printer by ADAPT. The EW is to check the appropriate box on the letter for the reason the direct deposit did not post. The reason is located on the Direct Deposit Utilities (CUDDEP) screen and the PA Specific Payment History (CHSPHS) screen. The letter notifies the client that the direct deposit did not post to the client's account and for the client to contact the local agency. A copy of the letter is to be put into the client's file.

The EW will issue the client a state check. Select Option 9, TANF Benefit Adjustment from the ADAPT Main Menu. On the TANF Benefit Adjustment screen enter "u" in Access, enter 11 in Option, enter pay ID # and the month for which the check is requested. Transmit. Enter the appropriate information to issue the state check.

Note: Whenever the client changes the routing number or bank account number CUDDEP will be put into Pending. A new pre-note file will go to the client's bank. Allow seven days to verify the information. A new pre-note letter is sent to the client and a copy is put in the client's file.

M. How to cancel a direct deposit

Responsible Party

Action

Eligibility Worker

- Deposit Cancel Request in writing or the Direct Deposit Cancel Request form (032-03-675) completed by the client, the worker will access the ADAPT Main Menu. Select Option 4, CUMENU. Transmit. On CUMENU select Option 12, TANF Direct Deposit. On CUDDEP, press F5. A box will come up to ask you to confirm. Enter "Y" for yes. Transmit. (Note: If you enter "N" for no, no action will be done to the case.) The request to cancel the direct deposit must include the client's name, address, social security number, signature and date. The form is available at http://localagency.dss.state.va.us/divisions/bp/tanf/forms.cgi.
- Send the client the Direct Deposit Cancel Verification Letter (032-03-676). The letter is available at http://localagency.dss.state.va.us/ Divisions/bp/tanf/forms.cgi.

exemption from VIEW.

Individuals unable to participate because of a temporary medical С. condition that prevents entry into at least 8 hours per week of employment or training, as determined by a physician or other qualified professional. (The Virginia Code Section 8.01-581.1 defines physician as "a person licensed to practice medicine or osteopathy in this Commonwealth... " This definition of physician applies in exemptions F and H below also.) The individual must provide the local agency a written statement from the physician to specify that he is incapacitated, the nature and scope of the incapacity, including abilities and limitations of the individual, and the duration of the incapacity. If the individual does not have a physician, the agency will arrange for the individual to receive an evaluation from a physician. (The Medical Evaluation Form (032-03-654) is to be used for this purpose). If unable to secure a medical evaluation, refer the individual for VIEW participation and further evaluation will occur as part of the VIEW assessment. VIEW funds may be used to evaluate the

If the physician indicates that the individual is able to participate in employment or training but is limited in the types of activities that can be performed, the individual cannot do work activities full-time, is limited in the types of activities the individual can do, or the hours in which individual can do them the eligibility worker must refer the individual for participation in VIEW and share the information with the ESW so suitable accommodations can be arranged. The employment services worker must work with the individual to find suitable work activities, taking into account any limitations indicated by the physician. The agency shall ensure that reasonable accommodations are made.

If the individual is unable to participate because of a temporary medical condition that prevents entry into at least 8 hours per week of employment or training, the eligibility worker must reevaluate the exempt individual's incapacity at the time prescribed by the medical statement.

If there are two parents in the assistance unit and one parent meets this exemption, the case is a TANF case rather than a TANF-UP case.

- D. Individuals who are incapacitated, as determined by receipt of Social Security Disability benefits or Supplemental Security Income. The eligibility worker must refer persons with a permanent incapacity to vocational rehabilitation using the Referral to Rehabilitative Services form (032-03-302). Only one referral is necessary and no follow-up is required. This exemption cannot be granted to either parent in a TANFUP case. If there are two parents in the assistance unit and one parent meets this exemption, the case is a TANF case rather than a TANF-UP case.
- E. Any individual 60 years of age or older.
- F. An individual who is needed on a substantially continuous basis to care for a member of the household. The household member must have a verified disability. The individual must have caretaking needs that prevent the individual

from participating in work activities. "Caretaking needs" that prevent the caregiver from participating in work activities include the need for attendance, supervision and home care, and other needs related to the household member's disability. A physician must verify the household member's condition, and the need for the individual to be available on a substantially continuous basis. If the documentation does not result in exemption from VIEW, the documentation must be forwarded to the VIEW worker.

G. A parent or caretaker/relative of a child under eighteen months of age who personally provides the care for a child.

In a double caretaker assistance unit in which one parent is incapacitated, the eligibility worker must refer the other caretaker for participation unless he can provide a written doctor's statement indicating that the incapacitated caretaker is unable to care for the child under eighteen months.

When the minor parent and her child are included in the same unit with the minor's parent, only one of these individuals can receive this exemption on the basis of caring for the minor's child. The individual who is actually providing care will be exempt.

NOTE: A parent who gives birth to a child subject to the family cap provision (refer to Section 201.12) may be granted a temporary exemption of not more than six weeks after the birth of the child.

- H. A female who is in her fourth through ninth month of pregnancy as evidenced by a written medical statement provided by a physician, a registered nurse who is the physician's designee, or a licensed nurse practitioner.*
- I. A child receiving Title IV-E Foster Care.
- J. Any member of an assistance unit where the primary caretakers of a child or children are grandparents, foster parents or other relatives of specified degree who are not the adoptive or biological parents of the child.

NOTE: Unlike the Employment Services Program where a person whose needs were removed from the grant is not required to participate, in the VIEW Program a parent whose needs are removed from the grant must participate, unless otherwise exempt. Reasons why the parent's needs have been removed from the grant include, but are not limited to, noncooperation with DCSE, disqualification for IPV violation, convicted drug felon, or failure to provide a Social Security Number. In addition, a parent whose needs are not included in the grant due to the stepparent deeming requirements, 305.4.F., or due to the sponsored alien deeming requirements, 305.4.D., must participate in VIEW, unless otherwise exempt. A parent who does not meet TANF categorical requirements (e.g., - parent is an SSI recipient or a parent who is a convicted offender serving his sentence while still living in the home) is not required to participate in VIEW.

Page 10

EXCEPTIONS: (1) If the parent dies during the period of ineligibility, the children of that parent may receive TANF with another specified relative, if otherwise eligible. (2) A minor parent or child who turns 18 during the period of ineligibility may apply and receive TANF in her own right for herself and her child(ren), if otherwise eligible. (3) If it is determined that the parent became disabled during the period of ineligibility or became required to care for a household member with a disability, and such a disability or situation prevents employment, the parent and children in the family may receive TANF benefits without regard to the period of ineligibility. The worker must assist the parent in pursuing other benefits, as appropriate. The disability must be re-evaluated at the time prescribed by the medical statement. The case is to be closed as soon as administratively possible upon verifying that the parent is able to work.

The 24-month period of ineligibility status remains with any participating family member who moves out of his parent's home during the period of ineligibility.

The eligibility worker must inform the caretaker/relative who applies for TANF for such children when the period of ineligibility expires so they may reapply for assistance at that time.

Example #1: Ms. Smith's TANF case was closed effective January 1998, due to expiration of the period of eligibility while she was participating in the VIEW Program. Her son, Joe, who was an assistance unit member while Ms. Smith participated in the VIEW Program, moved to his grandparent's home in June 1998. In that same month, Joe's grandmother filed an application for TANF, for herself and Joe. The application for TANF is denied due to the fact that Joe was an assistance unit member during Ms. Smith's VIEW participation in which the period of eligibility had expired. Joe will remain ineligible for receipt of TANF until the entire 24-month period of ineligibility has expired.

Example #2: Ms. Smith, who is an TANF recipient with her sons Josh and Joe, began participating in the VIEW Program in March 1996. Josh moved out of Ms. Smith's home in June 1996 to move in with his aunt. The aunt applied for TANF, on Josh's behalf, in June 1996. The aunt's TANF application for Josh may be approved, if Josh is otherwise eligible, because Ms. Smith's TANF case was not in a period of ineligibility when Josh left.

NOTE: No member of the assistance unit in a period of ineligibility is eligible for the Diversionary Assistance Program. (See Chapter 800.)

901.12 TRANSFERS - Active VIEW cases transferred to another agency should be treated as follows:

- A. When a VIEW case with no earned income and not in sanction transfers to another agency, the VIEW time clock and the 60-month clock stop until such time as the VIEW worker does an assessment and re-starts the clocks. The receiving agency is responsible for adjusting the clocks after the assessment.
- B. When a VIEW case with earnings transfers to another agency, the VIEW time clock continues.
- C. A sanction period continues when a sanctioned VIEW case transfers to another agency.

A child has a disability if he or she has a physical developmental, cognitive or mental health condition or learning disability that limits the ability to perform any of the activities listed above, or other activities, as compared with other children of the same chronological age.

<u>Displacement</u> – when a TANF recipient participating in the Full Employment Program (FEP) or Community Work Experience Placement (CWEP) fills a vacancy that exists because another individual is on layoff from the same or equivalent job; when a participant fills a vacancy created by an involuntary reduction in the work force or by the termination of another employee for the purpose of filling a vacancy with a VIEW participant.

<u>Earned income disregards</u> - a certain amount of earned income which is not counted when determining the amount of the TANF benefit.

<u>Earned Income Tax Credit</u> – earned income tax credits received as advance payments or refunds from federal taxes due.

<u>ESW</u> - Employment Services Worker, may be a local DSS worker or anyone who meets the definition of case manager. In some agencies it may be a worker who is responsible for the administering of VIEW and benefit programs.

EW - Eligibility Worker.

<u>Exempt</u> – status of a TANF or TANF-UP applicant or recipient who meets one of the Virginia Initiative for Employment not Welfare (VIEW) program exemption criteria and, therefore, is not required to participate in VIEW in order to be eligible for public assistance.

<u>Full Employment Program (FEP)</u> - subsidized, training oriented employment, that replaces TANF benefits with wages paid by an employer. This employment is designed to train the recipient for a specific job, increase his self-sufficiency and improve his competitiveness in the labor market.

<u>Full-time unsubsidized employment</u> - employment which is considered by the employer to be full-time, but in no case less than 30 hours per week and for which no government funds are used to subsidize the individual's salary.

<u>Good Cause</u> – a circumstance when a VIEW participant was unable to comply with program requirements due to circumstances beyond his control. This is determined by an evaluation done by the worker responsible for the VIEW program.

Grant - the monthly TANF benefit payment.

<u>Hardship exception</u> - prescribed reasons which, if applicable, would allow an extension of receipt of TANF benefits.

<u>Household member</u> - Any child or adult residing with the applicant/recipient. The individual need not be a member of the applicant/recipient's assistance unit to qualify as a household member.

<u>Job development</u> - Locating job openings which fit the needs and qualifications of participants. Job development may also involve job creation through the provision of employer tax credits and subsidies for on-the-job training.

<u>Job Finding</u> – the identification of available and appropriate jobs.

If the screening indicates that the individual is likely to have a disability that affects compliance with VIEW program rules, the worker must:

- Give the individual an opportunity to obtain current documentation or a current evaluation from a qualified professional that describes the nature and severity of the individual's disability, its effect on the ability to participate in work activities and comply with other program rules, the accommodations, if any, needed by the individual to participate in work activities or fulfill other program requirements, and the length of any necessary treatment. Such documentation must be provided in 30 days or in a time frame agreed upon by the client and worker. If the client makes the appointment, the client must provide the appointment date to the worker. The activity and service plan must include the follow-up activities required as a result of the screening and assessment.
- The ESW will arrange for the individual to receive an evaluation from a physician or other appropriate professional. If the assessment or evaluation is not covered by Medicaid or other sources, the cost of the evaluation is payable from administrative funds. The agency may request additional information or a second assessment from another source if there are questions about the original diagnosis.

Prior to conducting screening and, if necessary, referring the individual for an assessment, the worker must inform individuals that screening and assessment are voluntary, screening and assessment may help determine what the individual can and cannot do, and what he needs, who the screening and evaluation results will be shared with, and that having a disability or other barrier does not disqualify an individual from getting benefits or from participation.

- B. During the assessment, the ESW will inform the participant of the VIEW program requirements.
- C. During the assessment, the ESW will determine the following:
 - 1) The types of jobs a participant could get immediately without the need for further skills training or education.
 - 2) The types of Full Employment work-sites or community work experience sites available to the participant.
 - Possible jobs which the participant could obtain after two years with the provision of VIEW program activities.
 - 4) The participant's need for supportive services.
 - 5) The abilities of the individual.
 - 6) Whether the participant has a disability and whether accommodations are needed.
- D. The participant and ESW will sign an Agreement of Personal Responsibility.

E. Medical/Dental Services

- (1) Payment for medical/dental services must directly relate to VIEW activities or employment. These are medical/dental services not covered by the State Medical Assistance Plan (Medicaid). The need must be linked to needs identified on the Activity and Service Plan and the participant must be making satisfactory progress and regularly attending the component activities.
- (2) Examples of medical/dental services are medical statements or other necessary medical verifications, dentures, glasses, orthopedic shoes, and other items required prior to entry into jobs, work-sites, or education/training components. Medical and mental health evaluations, not covered by Medicaid, needed by participants to determine whether they have a verified disability that affects program participation, the nature and severity of the disability and its effect on program participation, and the reasonable accommodations needed by the individual "directly" relate to VIEW activities or employment.

F. Program Participation and Work-Related Expenses

This service provides assistance to the participant with employment-related expenses or expenses incurred through participation in an approved VIEW component(s).

1) Criteria for Assessing Need

The ESW will use the following criteria when assessing the need for participation or employment-related expenses for the VIEW participant:

- (a) The expense is necessary to enable the individual to participate in approved activities or employment;
- (b) The need for expenses is clearly linked to the needs identified on the APR, Activity and Service Plan, or, in the case of assessment, in the case record; and
- (c) The participant must be making satisfactory progress in the component/activity.
- 2) Participation expenses which are reimbursable include, but are not limited to:
 - (a) Fees for birth certificates;
 - (b) License fees:
 - (c) Registration/graduation fees;
 - (d) Picture ID costs;
 - (e) Uniforms or other clothing or shoes;
 - (f) Safety equipment and tools;
 - (g) Car repairs;
- 3) The ability of a local agency to pay participation expensed is based on the availability of funds and local resources. Therefore, each local agency is encouraged to develop additional policy and procedures for approving expenses.
- 4) One-Time Work Related Expenses Payment of one-time expenses are allowable when needed to enable a participant to accept a job offer or maintain employment. One-time work expenses refer to non-recurring work expenses. Expenses which are allowable include, but are not limited to:

- Part-time employment is employment of at least eight hours, but less than 30 hours per week. A participant working part-time must be assigned to job search at least every three months, but may be assigned more frequently as needed In addition:
 - a) A participant employed part-time must be assigned to a concurrent education or skills training or other program activity (i.e., CWEP, skills training, education). If the individual is unable to participate in concurrent education or skills training or other program activity because of a verified disability or verified disability of a household member, the individual cannot be required to participate in a concurrent activity.
 - b) A participant who is employed in an unsubsidized job at the time he signs the Agreement of Personal Responsibility will receive the TANF enhanced earned income disregards the following month. Enhanced disregards allow a participant to keep all earnings and TANF benefits so long as the participant's total household income does not exceed 100% of the federal poverty limit for the size of his household or 150% of the federal poverty level for TANF-UP households.
 - c) Eligible TANF recipients who are employed prior to referral to VIEW should be treated as a priority referral and served as soon as possible so that they may begin to receive the enhanced disregard.
 - d) Participants will receive the enhanced earned income disregard only after they have entered the VIEW program and signed the Agreement of Personal Responsibility.
 - e) A participant who obtains employment while in the VIEW program will receive the VIEW enhanced earned income disregard the month following the month of employment.
 - f) A participant who leaves TANF due to employment or who is employed when the TANF case is closed may be eligible for transitional benefits.

3) Self-employment

- a) If a participant becomes self-employed, the participant must provide information and or documentation to show he is legitimately engaged in self-employment. The information could include, but is not limited to the following information: the kind of business, location, hours of operation, source of funding, prospective customer base, expected earnings, business license if applicable and lease or agreement if space is rented. The ESW is to review the information and verify the information when possible.
- b) If a participant enters the VIEW program and states he is self-employed and has been self-employed for less than a year, the participant must provide the above

WELFARE PROGRAM (VIEW) TANF MANUAL	
4/05	APPENDIX A Page 1
VIEW FORMS	
Texas Information Sheet (032-02-311)	3
Agreement of Personal Responsibility (032-02-310/2)	6
VIEW Assessment I (032-02-303/2)	9
VIEW/TWA/Transitional Activity and Service Plan (032-02-302/4)	13
Job Search Form (032-02-301/1)	16
Full Employment Program (FEP) Agreement (032-02-309/2)	19
Full Employment Program Communication Form (032-03-655)	21
Community Work Site Agreement (032-02-308)	23
Work Site Position(s) (FEP or CWEP) (032-02-306)	25
Referral to Work Site (FEP or CWEP) (032-02-300)	27
Attendance/Performance Rating Sheet (032-02-305)	29
VIEW Non-Compliance Checklist (032-02-671)	31
Do You Have a Disability (032-02-670)	33
TANF 24-Month Advance Notice of Proposed Action ((032-03-368/2)	36
Notice of Intentional Program Violation (032-03-721/7)	38
PAGE 41 - OBSOLETE	40
Notice of Sanction/Termination (032-02-307/1)	42
Hardship Exception Determination (032-03-376/2)	44
Notice of Hardship Exception (032-03-377)	47
Contact Sheet (032-02-078/5)	49
Communication Form (032-02-072/7)	50
VIEW Exchange of Information Form (032-03-375/1)	51
Medical Evaluation Form (032-03-654/1)	53

WELI	FARE PROGRAM (VIEW)	TANF M	ANUAL	
		4/05		APPENDIX A PAGE 9
		1700		_
	MONWEALTH OF VIRGIN		Participant Name:	·····
	ARTMENT OF SOCIAL SER	CVICES	Telephone Number:	
	V PROGRAM		Email Address:	
	ssessment		Case ID#:	
□ Re	eassessment	VIEW ASSE	ESSMENT I	☐ TANF ☐ TANF-UP
A. FI	DUCATIONAL BACKGRO			
, <u> </u>			Functional Ed. Level	Date_
Other				
Other	training/special schooling and da			
 В. Е!	MPLOYMENT HISTORY* (Beain with the mos	st recent iob):	
1.	Employer	•	Job Title	
	Duties	Data Loft	Highest Pay	
	Reason for leaving	Date Left	niignesti ay	
2.	Employer		Job Title	
	Date Started	Date Left	Highest Pay	1
	Reason for leaving			
3.			Job Title	
	Date Started	Date Left	Highest Pay	<u></u>
	Reason for leaving			
4.	Employer Duties		Job Title	
	Date Started	Date Left	Highest Pay	1
	Reason for leaving			
	*(NOTE: This information will	be used to identify jobs ir	nto which participants may be place	ed immediately.)
	Most favoritejob?		Why?	
	Least favorite job?		Why?	
C.	VOLUNTEER WORK/H	OBBIES/ABII ITIES	(Transferable Skills):	
O .	VOLONI LEN WOMAN	OBBIEG/ABIEITIEG	(Transferable ekine).	

THE VIRGINIA INITIATIVE FOR EMPLOYMENT NOT

032-03-368/3 (4/05)

TANF MANUAI	

WELFARE PROGRAM (VIEW)	TANF MANUAL
	APPENI 4/05 PAG
	4/03 PA
COMMONWEALTH OF VIRGINIA	Locality
DEPARTMENT OF SOCIAL SERVICES Temporary Assistance for Needy Families (TANF)	Case Number
Virginia Initiative for Employment Not Welfare (VIEW)	Date of Mailing
	CE NOTICE OF PROPOSED ACTION
TANF 24-WONTH ADVANC	E NOTICE OF PROPOSED ACTION
Name:	
Name:	
Address:	
DEAR:	
or had to care for a household member with a verified of determine if the disability prevented you from satisfactor cash assistance again until 24 months after the effective of the care	due to the expiration of the 24-month time or an extension as explained below. If you had a verified disability disability while participating in the VIEW program, your worker we corily participating in VIEW. You and your children are not eligible ective date above or following termination of your transitional shever is later. (TANF Policy, Sections 901.9 and 901.11)
	may ask for a conference with your worker whose name, addres for a fair hearing before the State Department of Social Services ring.
assistance is continued, you may have to repay benefi	the effective date above, assistance may continue. However, if its you received during the appeal process if the hearing decision ou may waive your right to continued assistance by submitting a our desire to refuse such assistance.
TANF benefits, you must contact your employment ser	f TANF benefits may be granted. To be considered for extended rvices worker and apply in writing for a specific "hardship is written request must be made prior to the effective date above
An extension of TANF benefits will be considered ONL	_Y if:
You have satisfactorily participated in VIEW a	activities while receiving TANF, and
You have never been sanctioned in VIEW for employment, and	r failing to participate in assigned activities or for leaving
You have not been sanctioned in VIEW more	than once for reasons other than above; and
In addition, the reasons for hardship exceptions are LII	MITED TO the following:
	-related education/training program that will be completed within
You live in an area of high unemployment (10)	ጋ% or higher); or
You have lost your job through no fault of you	
	he earnings are at least as much as your TANF grant plus \$90.
AGENCY REPRESENTATIVE	
ADDRESS	PHONE NO

TANF 24-MONTH ADVANCE NOTICE OF PROPOSED ACTION 032-03-368

PURPOSE OF FORM – To inform a TANF family that their benefits will be terminated at the end of the 24th month, their right to appeal a case closure, and their right to request a hardship exception.

NUMBER OF COPIES – Two.

DISPOSITION OF FORM – The form must be mailed or available at the local agency in the case of an assistance unit which is homeless, at least 60 days before the effective date of the action, excluding the date of mailing and the effective dates. A copy of the completed form must be in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM – Complete the agency information at the top and bottom of the letter, the case name and address, salutation, and the proposed effective date of termination. This date is the last day of the 24th month of assistance.

	40	_	APPENDIX A
	40:	5	PAGE 38
Commonwealth of Virginia Department of Social Services NOTICE OF INTENTIONAL PROGE	RAM VIOLATION	N	
Name and Address	(Case Name	
2	(Case Number	
×6,	I	Locality	Date
An investigation of your Temporar or Food Stamp case has recently be rule because (may be continued on rev	en completed. We		F) case, eve you intentionally violated a program
We have the following evidence to supp	port our case again	nst you (may be cont	inued on reverse):
	whether you or and above. Tell your	nother person in you r worker if you have	or household should be disqualified from a disability or limited ability to speak and
You or your representative may look a below to arrange a convenient time.	t the evidence at th	he local social servic	es department by calling the number
Social Services to disqualify you from signing the attached waiver, you will b you admit to the facts as presented. Temp	receiving benefits. e disqualified from orary Assistance fo	If you wish, you man receiving benefits for Needy Families (1	or the period shown below whether or not FANF)
6 months, 1st violation 12 mon			
If you are not receiving TANF benefits apply for TANF and are found eligible			disqualification penalty whenever you
6 months, 1st violation 12 mon Other (Specify)		Stamps permanently, 31	d violation
			earing will be held. If the hearing finds ed for the same period of time as shown
Neither signing the attached waiver no prosecuting you for an Intentional Pro overpayment or overissuance. You ha signed by you could be used against yo	gram Violation in ve the right to rem	a criminal or civil contain silent concernin	ourt action, or from collecting the
Worker	Telephone		For Free Legal Advice Call

032-03-721/7 (11/04)

THE VIRGINIA INITIATIVE	
FOR EMPLOYMENT NOT	
WELFARE PROGRAM (VIEW)	TANF MANUAL

APPENDIX A 4/05 PAGE 39

NOTICE OF INTENTIONAL PROGRAM VIOLATION – continuation

Page -2-

NOTICE OF INTENTIONAL PROGRAM VIOLATION

FORM NUMBER - 032-03-721

PURPOSE OF FORM - To advise a person that he/she is suspected of having committed an intentional program violation (IPV).

USE OF FORM - To be completed by the local agency to advise an individual that IPV is suspected. This form is sent with the Waiver of Administrative Disqualification Hearing.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original is sent to the individual suspected of committing IPV. The local agency retains a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top.

In the paragraph beginning "An investigation of your...," check the program involved in this notification (it may be either TANF or Food Stamps or both.)

The paragraph continues, "We have reason to believe" Describe the violation the household member allegedly committed.

In the paragraph beginning, "We have the following evidence ...," describe the evidence which supports the allegation.

Use back of form if necessary for these explanations.

In the paragraph describing the lengths of disqualification, check the blocks applicable to the program(s) involved in the IPV. For Food Stamps, enter the number of months in the disqualification period for the 1st and 2nd violations.

Sign the form and complete the information at the bottom.

WELFARE PROGRAM (VIEW)
TANF MANUAL
APPENDIX A
4/05
PAGE 41

PAGE 41 INTENTIONALLY LEFT BLANK

TANF MANUAL INDEX

04/05	Page 4
SUBJECT	SECTION/PAGE(S)
Continuation of Assistance During Appeal Process	401.5, p. 10-10a
Contract Earnings	305.1, p. 5-6
Contributions from Another Agency	Procedures VII, p. 10
Contributions In-Kind	305.4, p. 36a; 305.4, p. 44-45; 602.3, p. 2; Procedures VII, p. 10-11
Countable Earnings	305.3, p. 21
Current Support Received Also see Cohabitant; Minor Caretaker; Stepparent	305.4, p. 36-37; 602.3, p. 1-3
Date of Entitlement	401.1, p. 4; 502.2, p. 3-3a
Day Care Income	Procedures VII, p. 2-3
Death of Applicant	401.1, p. 5
Declaration of Citizenship and Alien Status	201.7, p. 1c-1d
Decrease in Income	305.1, p. 9-9a
Deemed Income Ineligible Alien Senior Parent(s) to Minor Caretaker Sponsor to Alien Stepparent Unverified	305.4, p. 41-43 305.4, p. 41-43 305.4, p. 32-33a 305.4, p. 37-41 305.4, p. 43
Definitions	104.3
Deleting Income	305.1, p. 10
Deleting Person with Income	305.1, p.10
Direct Deposit	502.3, p. 4; 502.5, p. 5; Section 500, Appendix 1, pgs. 1, 10

Discrimination Complaint

101.2